

**DEPARTMENT OF PUBLIC SAFETY
LIQUOR LICENSING AND INSPECTION UNIT**

NOTICE

To avoid any delay in the processing of your application and issuance of your liquor license, please make sure that:

1. You completed the application in full.
2. Application is signed by the owner (s), Corporate Officer
3. The license fee is correct and you have included the \$10.00 filing fee.
4. A diagram of the premises to be licensed accompanies the application. (For new applications only)
5. If business is located in an unorganized township. The application must be approved by the County Commissioners and the \$10.00 filing fee paid to them.

Limited Liability Companies, Limited Partnerships and Corporations must complete and submit the Supplementary Corporate Questionnaire.

If not a publicly traded corporation, stock ownership must add up to 100%.

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Present License Expires _____

BUREAU USE ONLY

LICENSE # ASSIGNED:
Class:
Deposit Date:
Amt. Deposited:

- ☐ Off-Premise Retailer – Malt Liquor \$200.00
- ☐ Off-Premise Retailer – Table Wine \$200.00
- ☐ Filing Fee \$ 10.00

NOTE: if the place of business is located in an unincorporated place, the County Commissioners must approve the application. All such applications shall be accompanied by receipt of payment of the \$10.00 filing fee to the County Treasurer.

Check Payable: Treasurer State of Maine

ALL QUESTIONS MUST BE ANSWERED IN FULL

1. APPLICANT(S) –(Sole Proprietor, Corporation, Limited Liability Co., etc.)	2. Business Name (D/B/A)
DOB:	
DOB:	
DOB:	Location (Street Address)
Address	City/Town State Zip Code
	Mailing Address
City/Town State Zip Code	City/Town State Zip Code
Telephone Number Fax Number	Business Telephone Number Fax Number
Federal I.D. #	Seller Certificate #

3. List of Wholesale Value and Types of Merchandise in inventory: **(Must be answered)**

Edible Foods \$ _____ Tobacco Products \$ _____ Paper Goods \$ _____

Greeting Cards, Magazines, Newspapers \$ _____ Total of all other merchandise in inventory \$ _____

4. Is applicant a Corporation, Limited Liability Co. or Limited Partnership: Yes ﻗﻰ No ﻗﻰ (If **Yes** complete Corporate Questionnaire)

5. If manager is to be hired give name _____

6. If business is NEW indicate opening date: _____ Business Hours: _____

7. Is/Are applicant(s) citizens of the United States? Yes ﻗﻰ No ﻗﻰ

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8. Is/Are applicant(s) residents of the State of Maine? Yes ڤ No ڤ

9. List name, date of birth, place of birth for all applicants and managers. Give maiden name, if married:

Name in Full (<i>Print Clearly</i>)	DOB	Place of Birth

Residence address on all of the above for previous 5 years (Limit answer to city & state)

Use a separate sheet of paper if necessary.

10. Has applicant(s) or manager(s) ever been convicted of any violation of the law, other than minor traffic violations of any State of the United States? Yes ڤ No ڤ

Name: _____ Date of Conviction: _____

Offense: _____ Location: _____

Disposition: _____

11. Will any law enforcement official benefit financially either directly or indirectly in our license, if issued?

Yes ڤ No ڤ If **Yes**, give name:

12. Has applicant(s) formerly held a Maine liquor license? Yes ڤ No ڤ

13. Do applicant(s) own the premises? Yes ڤ No ڤ If **No**, give name and address of owner:

14. Describe in detail where liquor will be stored: (Supplemental On/Off Premise Diagram Required)_____

15. Have you received any assistance financially or otherwise (including any mortgages) from any source other than your-

STATE OF MAINE
Liquor Licensing & Inspection Unit
164 State House Station
Augusta, Maine 04333-0164
Tel: (207) 624-7220 Fax: (207) 287-3424

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**SUPPLEMENTARY QUESTIONNAIRE FOR CORPORATE APPLICANTS, LIMITED LIABILITY
COMPANIES AND LIMITED PARTNERSHIPS**

1. Exact Corporate Name: _____
Business D/B/A Name: _____
2. Date of Incorporation: _____
3. State in which you are incorporated: _____
4. If not a Maine Corporation, date corporation was authorized to transact business within the State of Maine: _____
5. List the name and addresses for previous 5 years, birth dates, titles of officers, directors and list percent of stock owned:

Name	Address Previous 5 Years	Birth Date	% of Stock	Title

6. What is the amount of authorized stock? _____ Outstanding Stock? _____
7. Is any principal officer of the corporation a law enforcement official? () YES () NO
8. Has applicant(s) or manager ever been convicted of any violation of the law, other than a minor traffic violation(s), of the United States? () YES () NO.
9. If yes, please complete the following: Name: _____
Date of Conviction: _____ Offense: _____
Location: _____ Disposition: _____
Dated at: _____ On: _____
City/Town Date

Signature of Duly Authorized Officer Date: _____

Print Name of Duly Authorized Officer

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DIAGRAM OF PREMISES
For New Applicants Only